2. Davis compares the human polycystic kidney to the normal kidney of the codfish and finds distinct similarities; we can therefore assume that the generally accepted theory of cyst-formation as due to developmental defects is amplified, since there is halting at the mesonephric stage.

3. While theoretically evacuation of cysts to lessen intrarenal pressure, and nephrotomy for drainage of associated pyronephrosis, seem of value, their practical application is not satisfactory. Simpler measures, namely pelvic lavage and catheter drainage, are of decided value especially adapted to control hemorrhage and infection.

4. Nephrectomy for polycystic disease is rarely of value and usually fatal; it is often performed in ignorance of the actual pathology. Careful urological study is indicated in all cases presenting more than a simple nephritic syndrome, and caution is necessary to prevent an increased renal loss of function. Simultaneous ureteral catheterization is dangerous and bilateral pyelography impossible.

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RENAL AND CARDIOVASCULAR DISEASE IN PREGNANCY: THEIR RELATION TO CERTAIN GENERAL MEDICAL PROBLEMS

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The late toxemias of pregnancy represent failure of a defective maternal cardiovascular-renal system to adapt itself to the strain of childbearing. They interest the medical practitioner as early examples of disorder in this system and also as indicators of latent weakness which will reappear in later life.

Two hundred and ninety-one cases were studied at the Sloane Hospital for Women. They are classified as (1) acute convulsive toxemias, (2) nephritic toxemias, marked by long-continued albuminuria or relative nitrogen retention, and (3) hypertensive toxemias, a group of cases characterized by hypertension without

marked albuminuria and set apart because of its resemblance to "essential hypertension."

The cases were studied with special reference to the cardio-vascular-renal status in the ante-partum clinic and wards and later in a follow-up clinic over periods varying from six weeks to six years post-partum. The tabulated observations show that cardiac hypertrophy, thickening of the brachial and radial arteries and certain eye-ground changes were present in a large proportion of these cases during the toxemia (this suggests that some disorder antedated pregnancy) and also during the follow-up period. Hypertension persisting for months or years was found in one-third of the cases of eclampsia, one-half of the cases of nephritic toxemia and two-fifths of the cases of hypertensive toxemia. One-half of the nephritic group showed marked albuminuria in the follow-up period.

Fetal mortality in the eclamptic group was 55 per cent., in the nephritic group 47 per cent. and in the hypertensive group 15 per cent.

Both the fetal mortality and the later incidence of signs of persistent disease were greater in those cases showing the higher blood pressure readings during pregnancy.

These types of toxemia are, therefore, not mere complications of pregnancy. It is probable that pregnancy reveals rather than causes the disease. The behavior of a woman's cardiovascular-renal system in pregnancy gives to the physician a valuable hint as to what may be expected of it under subsequent stresses and strains.

Search for a single toxin as the cause of these toxemias may continue to be fruitless. Much may be learned, however, by a broad study of the woman who makes this abnormal response to pregnancy.